

## Claim your seat:

\_\_\_\_\_ Number of seats at \$15,000 each,  
in orchestra section 1

\_\_\_\_\_ Number of seats at \$7,500 each,  
in orchestra section 2

\_\_\_\_\_ Number of seats at \$3,000 each,  
in the balcony

## Pledge information

*I would like to pledge a total of \$\_\_\_\_\_ to name a seat,  
to be paid over a period of \_\_\_\_\_ years. (3 years max.)*

## Or join the chorus:

\$\_\_\_\_\_ in support of the  
Arthur Zankel Music Center

## Donor information

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail address

## Payment information

- Enclosed is a check payable to Skidmore College
- Please charge my credit or debit card  
(circle one) VISA MasterCard Am Ex Discover

\_\_\_\_\_  
Card number

\_\_\_\_\_  
Expiration date

\_\_\_\_\_  
Signature

## Naming information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRINT message above, as it should appear on inscribed plate

Plates can accommodate three lines of text. If you are  
naming more than one seat, please enclose additional text  
on a separate sheet of paper.

- I would like Skidmore College to notify the honoree of  
my gift. (Include name and contact information below:)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Please return this completed form to:

Office of Advancement, Skidmore College,  
815 North Broadway, Saratoga Springs, New York 12866

**Questions?** Please call 518-580-5660.